

## AGREEMENT FORM FOR POLITICAL CANDIDATE ADVERTISEMENTS

(check applicable box)

☒ **FEDERAL CANDIDATE**

☐ **STATE/LOCAL CANDIDATE**

**To Avail Themselves of The Lowest Unit Charge During a Political Window, Federal Candidates Must Sign The Certification On Page 3**

<b>Station and Location:</b>	<b>Date:</b>
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I, STRATEGIC MEDIA PLACEMENT,

being/on behalf of: ALAN NUNNELEE - Paid for by: Friends of Alan Nunnelee, a legally

qualified candidate of the REPUBLICAN political

party for the office of: US HOUSE OF REPRESENTATIVES - MISSISSIPPI DISTRICT 1

in the GENERAL

election to be held on: NOVEMBER 6, 2012

do hereby request station time as follows:

Broadcast Length	Time of Day, Rotation or Package	Days	Class	Times per Week	Number of Weeks

**Total Charges:**

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Friends of Alan Nunnelee - 348 W. MAIN ST. PO BOX 7092 TUPELO MS. 38802

The name of the treasurer of the candidate's authorized committee is:

PAUL BREAZEALE

THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISCRIMINATION ON THE BASIS OF RACE OR ETHNICITY IN THE PLACEMENT OF ADVERTISING.

**To Be Signed By Candidate or Authorized Committee**

10/10/12

Date \_\_\_\_\_

Signature \_\_\_\_\_

**To Be Signed By Station Representative**

☐ Accepted

☐ Accepted in Part☐ Rejected

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Title

## CANDIDATE CERTIFICATION

**In Order For Federal Candidates to Receive The Lowest Unit Charge During a Political Window, the Following Certification is Required:**

### I, STRATEGIC MEDIA PLACEMENT

(name of federal candidate or authorized committee) hereby certify that the programming to be broadcast (in whole or in part) pursuant to this agreement:

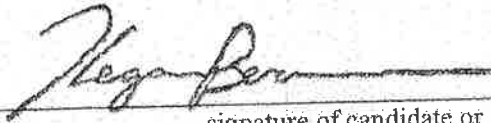
☒ **does**

☒ **does not**

refer to an opposing candidate (check applicable box). I further certify that for the programming that does refer to an opposing candidate:

(check applicable box)

- ☒ the radio programming contains a personal audio statement by the candidate that identifies the candidate, the office being sought, and that the candidate has approved the broadcast.
- ☒ the television programming contains a clearly identifiable photograph or similar image of the candidate for a duration of at least four seconds, and a simultaneously displayed printed statement identifying the candidate, that the candidate approved the broadcast, and that the candidate and/or the candidate's authorized committee paid for the broadcast.



signature of candidate or authorized committee

KEGAN BERAN

printed name

10/10/12

date

## AGREED UPON SCHEDULE

(TO BE FILLED IN ONLY IF STATION DOES NOT ACCEPT ALL OF  
CANDIDATE'S REQUEST)

Broadcast Length	Time of Day, Rotation or Package	Days	Class	Times per Week	Number of Weeks

**Total Charges:**

## AFTER AIRING OF BROADCASTS:

Attach invoices or Schedule Run Summary to this Form showing:

- (1) actual air time and charges for each spot;
- (2) the date(s), exact time(s) and reason(s) for Make-Good(s), if any; and
- (3) the amount of rebates given (identify exact date, time, class of broadcast and dollar amount for each rebate), if any.

**Note:** Because the FCC requires that the political file contain the actual times the spots air, that information should be included in the file as soon as possible. If that information is only generated monthly, the file should include the name of a contact person who can provide the times that specific spots aired.